EXHIBIT 36

Filed Under Seal

Preliminary Review

Incident Details

UOF # 1069/23 Occured Date 02/26/2023

Injury Class C

Inmate 18 or Younger No

Immediate ID Referral

Class A UOF No

Actual or Alleged Blows to Head No

Actual or Alleged Kicking No

Actual or Alleged Use of

No

Instrument of Force

Inmate Was in Restraints No

Prohibited Restraint Hold(s) No Video Surveillance Malfunction No

viaco carromarios manarioner

Presence of Une plained Fac s

No

Prior UOF Violation OATH Plea

No

Direct Referral from Faci ty

Ev dence of Staff C Ilu ion

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Video

Video Captured Yes

Remarks

Investigator's Justification for

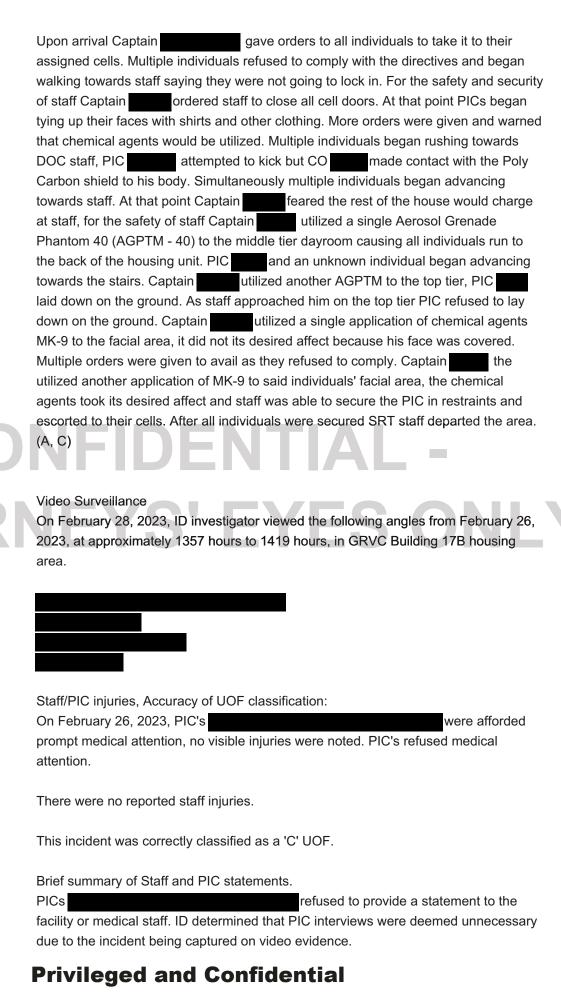
Determination

UOF 1069/23

Brief Incident Summary

On February 26, 2023, at approximately 1357 hours in GRVC Building 17B, the Housing area was refusing to Lock-in when the SRT (Strategic Response Team) responded to a level "B" Assault on staff (AOS). At approximately 1346 hours CO was observed at the "B" Post making entries into a logbook when a PIC splashed the Officer in the facial area with an unknown substance. The PIC immediately walked away, after a few seconds the Officer stood up from behind the post and began to pursue the PIC. It appears that neither of the housing area Officers and were wearing BWC. CO appeared to be very aggressive as he attempted to continue the confrontation with the PIC. At approximately 1347 hours camera CO pushes the legs of PIC out of his way as he pursues another PIC on the upper tier. PIC falls to the ground, and he remains laying on the floor of the upper tier for several minutes.

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Available staff reports were consistent with what was observed on video footage and with each other.

Facility Rapid Review:

The Rapid Review was conducted by Deputy Warden and deemed this incident as unavoidable and did not identify any violations. ID does not agree with this assessment as CO appeared to display conduct unbecoming of an officer.

Conclusion:

Based on the evidence as cited above, it is recommended that this case be referred for FULL ID. The UOF was unavoidable, necessary, and not excessive. However, after being splashed in the facial area with an unknown substance CO appeared to display conduct unbecoming on an officer. CO advanced towards the PIC in what appeared to be an aggressive manner and had to be restrained by fellow Officer this behavior went on for several minutes until the officers were able to escort CO out of the housing area.

On February 26, 2023, PIC called 311 stating that he and PIC were locked in their cells during the following incident. Stated a grenade (OC) was utilized in the housing area he stated that his neighbor was not responding and that he may have passed out a d i in n e of me i al atten ion of whi h D C staff is not providing. Up n f ther ve tig tio ID Investi ator ete mi ed t at PIC was not calling 311 to obtain assistance for himself, he was calling 311 to get assistance for another PIC. PIC mad no request to see medical for him elf.

P C alle 311 omplaining h t offic rs sp y d s me type f p pp r sp ay something else to lock down the PICs for whatever reason. PIC stated that he did not receive medical attention. Upon further investigation ID determined that PIC received medical attention on 02/26/2023 FY23/#942 he refused medical attention.

PIC stated, "that he got locked had another PIC act like he wanted to hurt him, chased him around used mace, but camera shows him trying to make sure another individual doesn't lose consciousness got mased, beat up, 3 bottles, look at the camera I'm on my knees and they hit me on the head for no reason. They are using their authority more than they are supposed too".

Upon further investigation ID Investigator determined the following based on the video footage the AGPTM canister was released on the lower-level dayroom, not in anyone's cell. PIC refused to comply with direct orders to take it to his cell as he stood over another PIC who was laying on the floor. Direct orders were given to PIC to go his cell, as he stood over a PIC who laying on the floor - he refused to comply with the commands. PIC was observed standing - not on his knees as stated based on the video footage. Staff approached the PIC laying on the floor and without warning PIC attacked staff as he lunged towards the officer's legs trying to take the officer down to the floor. Force was utilized by staff upper and lower body control holds as the officers secured the PIC in restraints while on the floor assisted

Privileged and Confidential

him to his feet and escorted him to his cell. These allegations are unsubstantiated.

Recommendation

Based on the above-mentioned information, it is recommended that this case be opened as a Full-ID investigation for further investigation into this incident.

Conclusion

Staff Reassignment During

Investigation

DOI Referral for Staff

DOI Referral for Inmate No

Injury Properly Classified

03/21/2023

No

No

Yes

Workflow

DDI Intervention

Review End Date

Workflow Action

Approve Preliminary Review (initiate ID Investigation)

Created By

Created Date

Updated By

Updated Date

03/22/2023 0 58 PM

ATTORNEYS' EYES ONLY

Case 1:11 News York Gity Department of Correction age 6 of 69

Central Operations Desk

B Form (Revised May 10, 2007)

	B Form (Revised May	10, 2007)	
REPORTING FACILITY	REPORTING DAT	E REPOR	TING TIME
GRVC	02/26/23	16:26	,d
PERSON REPORTING INCIDENT	INCIDENT DATE	INCIDE	NT TIME
ADW TO THE TOTAL PROPERTY OF THE PROPERTY OF T	02/26/23	13:57	
PERSON REPORTED TO	INCIDENT TYPE	INCIDE	NT STATUS
ADW	Use of Force	Actual	
		7 1011111	
DESCRIPTION OF EVENT			
AT 1357 HOURS, IN HOUSING AREA 17E	B (ADULT/ESH), THE HOU	SING AREA WAS REFUS	
WHEN THE SRT TEAM RESPONDED TO LOCK-IN AND INMATES	THE AREA. CAPTAIN		GAVE ORDERS TO
LOCK-IN AND INMATES		REFUSEDITO	COMPLY, INMATE
THEN ADVANCED TOWARDS	THE OFFICERS THROW		
POLY CARBON SHIE			
		UTILIZED UPPER BODY (ONTROL HOLDS TAKING
THE INMATE DOWN TO THE FLOOR AND			DEPLOYED CHEMICAL
AGENT (OC). INMATES DEPLOYED THE AGPTM-40 GRE			THE OFFICERS, CAPTAIN
INMATE ADVANCED TOWARDS		THE CAPTAIN DEPLOYED	
	TO ADVANCE AND GRA		ANOTHER ACT IM-40
LEG WHEN CAPTAIN	OFFICERS	AND	-
DEPLOYED CHEMICAL AGENT (OC) WH			D UPPER BODY CONTROL
HOLDS TAKING THE INMATE DOWN TO		STOOD UP AND OF	
DEPLOYED CHEMICAL AGENT (OC). INN GAVE ORDERS TO LAY ON THE FLOOR			IER WHEN THE OFFICERS
ESCORTED THE INMATES TO THEIR CE		REFUSED TO W	
(#	DOA AND		UTILIZED
CONTROL HOLDS SECURING THE INMA	TE IN THE POWER TRAX	X CHAIR ESCORTING TH	
THE OFFICERS REMOVED THE INMATE			
INCIDENT STAFF AND INMATE INJURIE			
IDEO SURVE LLANCE YES / CHEMICA WERE NO STAFF AND NMATE INJUR E			
WERE NO STAFF AND NIMATE INJUNE	. THIS I CIDEN IS REC	LASSIF DASA C 0 E	OF FORCE.
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			George R. Vierno
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			Center George R. Vierno Center
			Center George R. Vierno Center George R. Vierno
			Center George R. Vierno Center
STAFF NAME TITLE	SHIELD/ID	INJURY TYPE	Center George R. Vierno Center George R. Vierno
STAFF NAME TITLE CORRECTION	SHIELD/ID	INJURY TYPE	Center George R. Vierno Center George R. Vierno
Physical Communication and the Communication of the	SHIELD/ID	INJURY TYPE	Center George R. Vierno Center George R. Vierno

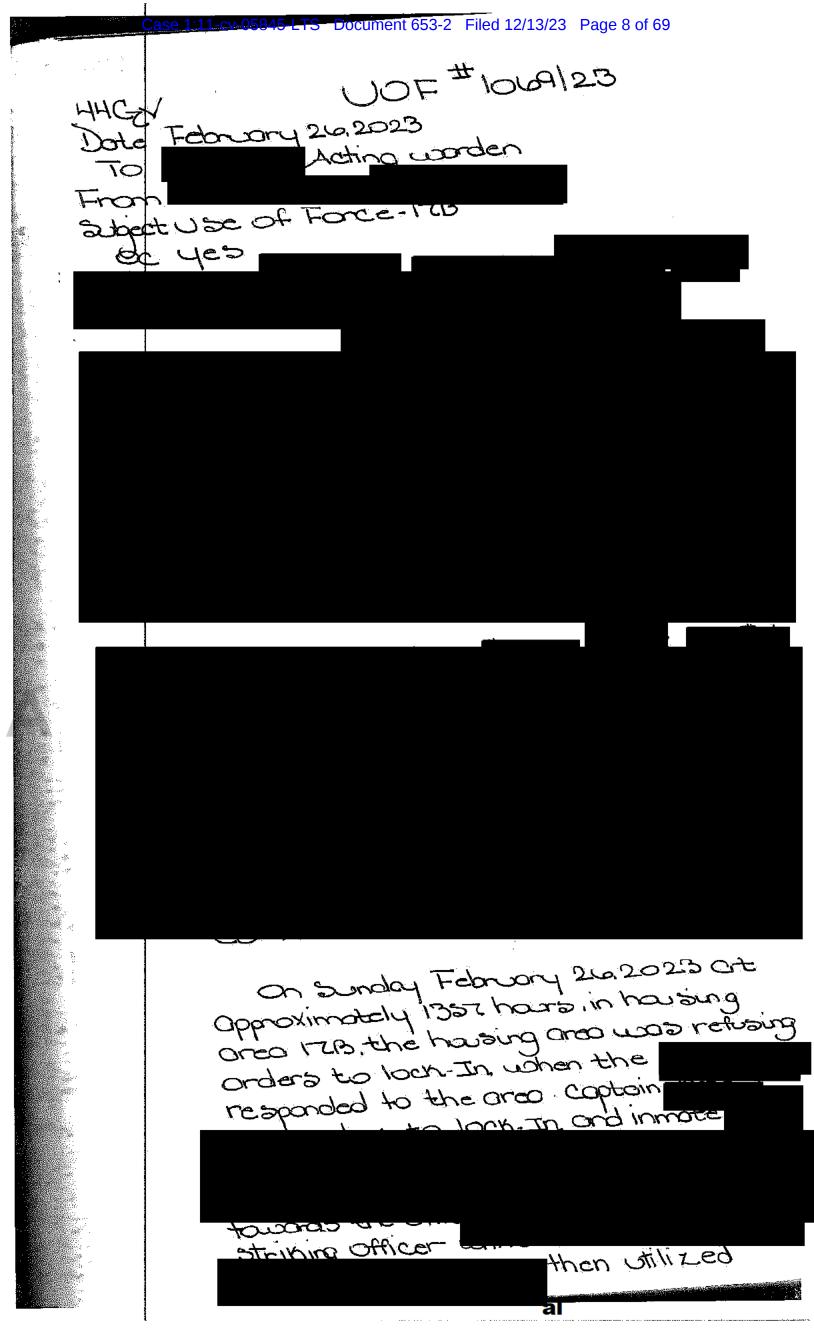
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OFFICER
CORRECTION
OFFICER
CAPTAIN

CORRECTION

OFFICER CORRECTION OFFICER CORRECTION OFFICER	
COD NUMBER ASSIGNED	
USE OF FORCE NUMBER ASSIGNED	
1069/23	
CATEGORY OF INCIDENT CLASS	
C	

CONFIDENTIAL ATTORNEYS' EYES ONLY



Continuation from pg. 392

upper body control holds taking the Inmate down to the Grand and Officer deployed Chemical agent. Inmates began advancing

towards the officers.

deployed the ACPTM-HO Czrenade and
the inmates ran to the back of the
having area and the inmates ran to
the back of the having area. Inmate
ward achonced toward captain
when the captain deployed another
ACPTM-HO Czrenade. Inmate

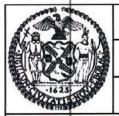
Continued to advance and gradued officer leg when captain

upper body control hold & taking the inmate down to the floor Inmate then ron to the back of the Her when the Officers gave orders to lay on the floor and the inmate Complied The Officers applied restriants and escented the inmates to their ceus when inmate refused to walk officers

the inmate in the power traxx Chair escarting the inmate to his cell. The officers removed the inmate from the Chair and secured the Cell door, Terminating the incident

nespectfully Submitted

stilized



Type of Incident:

UOF #: 1069/23 - P

CITY OF NEW YORK CORRECTION DEPARTMENT

George R. Vierno Center

Incident Photo

NYSID #:

Date & Time of Incident: 02/26/2023 13:57



First Name:		Book &	Book & Case #:							
Last Name:		Inmate	×	Staff		Other				
Photo Date:	02/26/2023									

Photo Taken By:

CAPTAIN

Investigating Supervisor: CAPTAIN

Photo Description:

Front

UOF 🛛

COD

Incident Status: Actual

☐ Other ☐





CITY OF NEW YORK CORRECTION DEPARTMENT

George R. Vierno Center



Incident Photo

Type of Incident: UOF ☑ COD ☐ Other ☐	Date & Time of Incident: 02/26/2023 13:57
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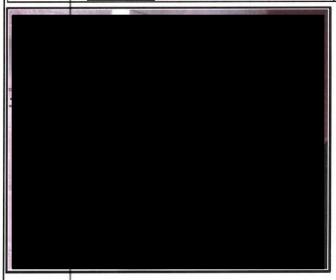


Photo Date:

02/26/2023

Photo Taken By:

CAPTAIN

Investigating Supervisor: CAPTAIN

Photo Description:

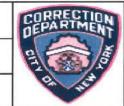
Other-REFUSED





CITY OF NEW YORK CORRECTION DEPARTMENT

George R. Vierno Center



Incident Photo

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Last Name:	Inmate ☑ Staff ☐ Other ☐

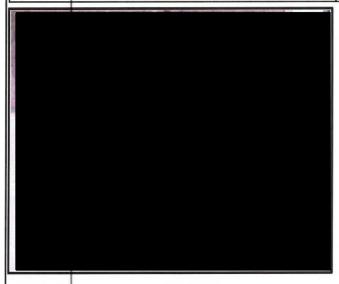


Photo Date:

02/26/2023

Photo Taken By:

CAPTAIN

Investigating Supervisor: CAPTAIN Photo Description:

Other-REFUSED





CITY OF NEW YORK CORRECTION DEPARTMENT

George R. Vierno Center



Incident Photo

Type of Incident: UOF ☑ COD ☐ Other ☐	Date & Time of Incident: 02/26/2023 13:57
UOF #: 1069/23 - P Incident Status: Actual	NYSID #:
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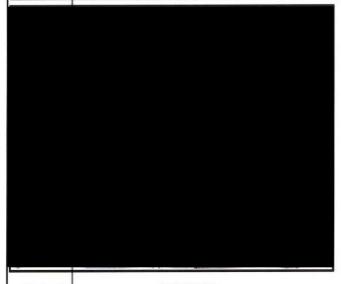


Photo Date:

02/26/2023

Photo Taken By:

CAPTAIN

Investigating Supervisor: CAPTAIN

Photo Description:

Other-REFUSED



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Case 1:11-cv-05845-LTS Document 653-2 Filed 12/13/23 Page 18 of 69



	CORRECTION DEPARTMENT CITY OF NEW YORK						
	IŅ	IJURY TO INMATE RI	11	Page 1 of 2 Pages	Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D		
INSTRUCTION	S: One copy to C	linic Lock Box, One Copy to Inn	nate Medical File and Orig	inal with cor			
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CITY OF NEW YORK Page 2 Form: 167R-A **INJURY TO INMATE REPORT** Rev.: 10/3/19 2 Pages Ref.: Dir. 4516R-D INSTRUCTIONS: Original Report to Security, One copy to Clinic Lock box, One copy to Inmate Medical File. Inmate Name (Last Name, First Name): & Case/Sentence #: TO BE COMPLETED BY THE INVESTIGATING O Investigator's Repor If inmate was transported to a hospital, fill in hospital name here: Medical's Final Disposition on Injury Type: Serious Injury Non-Serious Injury Injuries Accident Use of Allegation of a Inmate on inmate Other (Explain): Resulted From: Investigating Officer Signature: Rank/Title: Shield/ID# Date: Tour Commander's Review: Tour Commander's \$ignature: Rank/Title: Shield/ID# Date: Deputy Warden's Review: Signature: Rank/Title: Date: Commanding Officers Remarks: Rank/Title: Signature: Date:





CITY OF NEW YORK Page 1 Form: 167R-A INJURY TO INMATE REPORT of 2 Pages Rev.: 10/3/19 Ref.: Dir. 4516R-D INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security. Command: COD/UDF #: Injury #: 2.3 TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY). Inmate Name (Last Name, First Name): Inmate's Housing Area: Location Where Injury Occurred: TB Sundau 2023 265 Housing Area unit namical JURN inmate Supervisor Notified (Print Last Name First Name Rank Shield#) Date: 26 1457 Hrs. Employee: | [(Did) [(Did Not) Witness This Injury. Shield/ID#: Rank/Title:

TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)

Case 1:11-cv-05845-LTS Document 653-2 Filed 12/13/23 Page 21 of 69



CORRECTION DEPARTMENT CITY OF NEW YORK



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If inmate was transp	ort	ed to a hospital, fill in hospital name	e hére;					
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INSTRUCTI	ONS: 0	ne copy to Cl	inic Lock Box	, One Copy to	Inmate Med	ical File and C	Original wit	h com	pleted investi	gation	to Security.
Command:	1 F	VC		Date: 2 2 6	123	COD/UOF	#		Injury.#:	123	938
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Location Where In	jury Oci	;urred;	inmate's Hou	Sing Area:		NYSID#:	SIOK		Book & Cas	se/Sente 22	03479
Details:		Ort	SUV	day	F 4		NY		26 Ah	2	058
at a	2 P	MIKE	stelly	1400		2xw/	100	H	7-201211	<u> </u>	AVEG
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		ا ح		MAN	4 Cin						
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<u></u>											The state of the s
Supervisor Notified	1 (Print	ast Name. Fig	st Name, Ran	k. Shield #):	nga nati na katalon na katalon da jarah	id was not been seen at the see on the	Date:	. A	/		Time:
Cups,							2	1/2	6/823	τ.	1418 Hrs.
Translavain I	nial 🔽	(Did Not) Witness	Employee F	uli Name (print):		Employee Sig	insture:		Rank/Title:		Shield/iD#:
Employee: I 🔲 ((na K _1	This injury:	Employee	an ricerro (prinsy)				G.C.	10	energia de la composición della composición dell	
TO BE COMP	LETE	BY MEDIC	CAL STAFF	ONLY - (PI	LEASE P	RINT CLEA	RLY)				
											And have been been and sent here.

1:11-cv-05845-LTS Document 653-2 Filed 12/13/23 Page 23 of 69



CORRECTION DEPARTMENT CITY OF NEW YORK

Page 2 Form: 167R-A



	INJURY 10	INMATE REPOR	Ţ	of Rev.: 2 Pages: Ref.:	10/3/19 Dir 4516P-D	
-	INSTRUCTIONS: Original Report	to Security, One copy to	Clinic Lock box	One copy to inmate	Medical File.	**
Inmate Name (Last	Name, First Name):					
Injury #: FV2	NY/9	\$iD∵	.v	Book & Case/Senter		
TO BE COMPLETE	D BY THE INVESTIGATING OFFIC	ER. PLEASE PRINTICLE	ARLY,	\$		<u> </u>
Investigator's Repor	<u>:</u>					
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N. 2 41 6 28		<u> </u>	<u> </u>	<u>r - </u>	<u> </u>	
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	Mark Strain	, e	** ** ** ** ** ** ** ** ** ** ** ** **	ar grant 2		
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				<u> </u>	<u> </u>	

If inmate was transpo	ted to a hospital, fill in hospital nam	ne here:			<u> </u>	
•						
	sition on Injury Type: Serio	pus Injury Non-Sedous inj	Úľy			•
njuries Resulted From:	Use of Allegation of a Inmate	e on Inmate Self	Accident	Other (Explain):		
nvestigating Officer S		ation Inflicted Rank/Title:	· · · · · · · · · · · · · · · · · · ·	. ——		
	<u> </u>	reality fille.	10 × × × 10 1	Shield/ID#:	Date:	
Tour Commander's Re	view;	- [and the state of t	
		·	<u>:</u>	n :		-
	<u> </u>	<u> </u>				
			-	<u> </u>	·	
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our Commander's Si	gnature:	Rank/Title:		Shleid/ID#;	Date:	
Deputy Warden's Revi				0.700	DEIG.	
separy waldell's Revi	ew.					
<u> </u>		<u> </u>		1.		
ignature:						
		<u></u>	Rank/Title:		Date:	اخر
ommanding Officer's	Remarks:		Manager grows and a service of the s	84		
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ignature:		\$	Rank/Title:		Date:	

Case 1:11-cv-05845-LTS Document 653-2 Filed 12/13/23 Page 24 of 69



CORRECTION DEPARTMENT CITY OF NEW YORK

INJURY TO INMATE REPORT

Page 1 of 2 Pages

Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D



INSTRUCTION	S: One copy to C	linic Lock Box,	One Copy to Inn	nate Medica	ıl File and Origi	inal with comp	eted Investigation	on to Securify.
Command:	euc		Date: 26	23	COD/UOF #:		Injury# FY23	1940
TO BE COMPLETED	BY EMPLOYEE (I	PLEASE PRINT	CLEARLY).		•			· · · · · · · · · · · · · · · · · · ·
Inmate Name (Last I	ame, First Name):			V			:	
Location Where Injur	v Occurred:	Inmate's Hous	ing Area: 4B		SID.#:	,		
Details: OW 1400 HR CHEMICA	SUNDA S, IN		eaware VG AC SE OF	-1	-1202 1718		0N POS	XIMATUR ST
			Se De	/ Chair		11/2/10/0		
	1.							
Supervisor Notified (I	l Print Last Name. Fii	st Name. Rank	. Shield"#):			Date: 2 2	6/23	Time: C451 Hrs.
Employee (exc	This Injury:		n realis gamen		Manak		Rank/Title:	Shield/ID#
TO BE COMPLE	TED BY MEDIC	CAL STAFF	ONLY - (PLE	ASE PRÍ	NT CLEARL	Y)		





		CIT OF NEW	YUKK			1
	INJURY TO	NMATE REPORT		Page 2 of 2 Pages	Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-	
IN	STRUCTIONS: Original Report t	o Security, One copy to Cli	nic Lock box, C	ne copy to l	nmate Medical Fil	e.
Inmate Name (Last Na	me, First Name)				:	· · · · · · · · · · · · · · · · · · ·
Injury#FV93	AHO NYSI	D:#	E	Book & Case/	Sentence #:	
TO BE COMPLETED	Y THE INVESTIGATING OFFICE	R. PLEASE PRINT CLEARI	Y.	· · · · · · · · · · · · · · · · · · ·		
Investigator's Report:	:		<u> </u>		:	
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					÷ .	
If inmate was transporte	d to a hospital, fill in hospital nam	e here:				*
Medical's Final Disposi	ion oл Injury Type: Serio	us injury Non-Settous Injury	,			
Injuries Resulted From:	Use of Allegation of a Inmate Force Use of Force Alterda	on Inmate Self	Accident C	ther (Explain):		
Investigating Officer Sig	nature:	Rank/Title:		Shield/ID#:	Dat	e: <i>1</i>
Tour Commander's Rev	iew:				\$ \$	
					· · · · · · · · · · · · · · · · · · ·	
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					<u> </u>	
Tour Commander's Sign	nature:	Rank/Title:		Shleid/ID#;	Date	e:
Deputy Warden's Revie	w:	· · · · · · · · · · · · · · · · · · ·				, -
Signature:		*************	Rank/Title:		Date	e: .
Commanding Officer's F		Mi wydiairi:				
					: :	
					1	
Signature:			Rank/Title:		Date	<u> </u>

	CITY OF NEW \	ORK - COR	RECTION	DEPARTMENT		FORM #5006-A	Eff.: 9/27/2017
			·	REPORT			PART A
INSTRUCTIONS:	PRINT ALL INFORM	:		SE FORCE AGAINST AN	NMAT	E OR WERE YOU A	<u> </u>
To be completed by Use attachments if a	any member involved in a s dditional space is needed a if on each attached page.	se of force incident.			WITNE	CENE? ESS/PRESENT AT T	
Facility: GRVC			cident Time: 357 HRS	Facility Incident #:		Use of Force #:	COD Unusual # if an
Location Where In 17B	cident Occurred:		Igned at Time UPERVIS		Tou 060	0x1431	· · . · . · .
1 Was Supervis	or notified before force	was used? Y	ES 🖸 NO	If YES, write in full NAME,	RANK	and SHIELD#:	
2 Which Superv	ser was notified after th	ie Incident? Write	e in full NAME	RANK and SHIELD #:			me Notified: 45HRS
3 State name(s)	of inmate(s) against wh		<u> </u>				
_ ₁	Last Name	First	l Name	B&C or Sent. Num	ber		on Written?
2						YES	- initial
4 Explain in deta	il the sequence of even	ts leading up to th	e incident bas	ed on your own observation	ons, in	YES	
anticipated (i.e	IL Was apparent that S	taff would likely n	eed to use for	ce to address the situation	and ti	tere was time to pro	pare a plan of action
as the Supervisenhanced Section lock down by assigned cells. The ard one indivitems or weapo	rity. The SRT resp y the tour comman Multiple individuals idual say "let me g ns from their cells i ce with shirts and c	I31 hours tour, conded to a lev der. Once we s began walkin o in my cell ar I ordered staff	The SRT vel "B" Assi arrived in the g towards and put on m to close all	was assigned to the was deployed to GR' aut on staff (AOS). The area I gave Order SRT staff saying the y sneakers" to prven the cell doors. I there were given and I expressed to the cell doors.	VC to the has for y went it indi	provide the far ousing area wa all individuals to e not going to l viduals from re essed multiple	cility with as being placed take it to their lock in. I then treiving any individuals
- Ulon allowate			·				
5 VYOIS BROIDER	es, such as verbal com	mands, altempted	before force y	vas used?	NO	If YES, describe	5 :
gave all individ	duals orders to loc	k in before for	e was utiliz	zed.			
Describe the in	cident and the specific f	orce used:					·
6							. •
c.O. andividuals advancerosal Grenad dvancing toward egan advancing toward he layed do tilized a single gents did not tall and grale.	made containing to lock made containing towards the Phantom 40 (AG ds the team to rung towards the step will on the ground. The fused to lay down application of chemical its desired affectived his legs. I the	in. I gave all in began rush ct with the Pol team. Fearing PTM ~ 40) to to the back of swith another Once the team on the groundical agents (Cots because him utilized another seamon on the groundical agents (Cots because him utilized another seamon on the groundical agents (Cots because him utilized another seamon on the groundical agents (Cots because him utilized another seamon of the property	ndividuals valing toward y carbon slower of the rest of the middle of the housing reached to locate of the	ousing area 17B severbal orders to go in a sthe team from the shield to his body, at the house would chatter dayroom causing Unit. Individual andividual so I utilized the top tier individual im several orders to MK-9 to said individual covered up and he repplication of chemical ired affects and staff	side distants stairs this this time arge and and and and and arguments the stairs of t	their assigned of their assigned of the attempted of the attempted of the attempted of their assignment of	cells. Individual to kick but multiple A single were the top tier used. I then e chemical
			Continued on Re				

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they were escorted to r individual began to holds to secure him	to their assigned co his cell he refused to kick at staff C.o.	ells. While attempting to escort of walk. Staff secured him in the C.o. C.o. he was brought upstairs he was	e all individuals were secured in restraints individual Power Traxx evacuation chair. Said and C.O. The secured inside of his cell. After all
		•	
		· .	
Force was nec	y force was necessary to essary to control the sive towards staff.		and individuals because individuals became
8 Identify the part(s) inmate:	of the inmate's body(ies)		ption of any visible or apparent injuries sustained by the
-	cable, identify the name(s supervisor who supervised	s) of any Staff Member who authorized a I the incident	ng/or supervised the incident:
Were any other un	ne Identification informati	ff involved in or present at the time of the ion and give an account of each person's Shield/ID Number	a incident? YES NO s actions immediately before and during the incident: Account of Actions
Name	Rank/Title C:O.	SHRIGHD NGMUO	assisted with the escort
		Simula	assisted with the escort
Name		Shield/ID Number	assisted with the escort Account of Actions
Name	Ç.O.		
Name	C.O.		Account of Actions
Name Name Name	Rank/Titte C.O.	Shield/ID Number	Account of Actions
Name Name	C.O.		Account of Actions Was Present
Name Name Name	Rank/Title C.O. Rank/Title	Shield/ID Number	Account of Actions Was Present Account of Actions
Name Name Name Name 3	Rank/Title C.O. Rank/Title C.O.	Shield/ID Number Shield/ID Number	Account of Actions Was Present Account of Actions Was present
Name Name Name Name 3	Rank/Title C.O. Rank/Title	Shield/ID Number Shield/ID Number	Account of Actions Was Present Account of Actions Was present
Name Name Name Name Name Name Name	Rank/Title C.O. Rank/Title C.O.	Shield/ID Number Shield/ID Number	Account of Actions Was Present Account of Actions Was present
Name Name Name Name Name Name Name	Rank/Title C.O. Rank/Title C.O. Rank/Title Locident Last Name	Shield/ID Number Shield/ID Number	Account of Actions Was Present Account of Actions Was present
Name Name Name Name Did any other inm	Rank/Title C.O. Rank/Title C.O. Rank/Title N.O.	Shield/ID Number Shield/ID Number 17 YES No If YES, specify First Name	Account of Actions Was Present Account of Actions Was present
Name Name Name Name Name Name Name 11 Did any other inam U 12 Were you respons inmate(s) to the cit	Rank/Title C.O. Rank/Title C.O. Rank/Title N.O.	Shield/ID Number Shield/ID Number YES NO If YES, specify First Name YES NO If YES, identify medical care a	Account of Actions Was Present Account of Actions Was present Book and Case or Sentence Number
Name	Rank/Title C.O. Rank/Title C.O. Rank/Title N.O.	Shield/ID Number Shield/ID Number YES NO If YES, specify First Name YES NO If YES, identify medical care a	Account of Actions Was Present Account of Actions Was present Book and Case or Sentence Number the approximate time the inmate was transported to receive and the name of the medical provider, if known to you:

	CITY OF NEW YO	ORK - COP	RECTION	DEPARTMENT		FORM #5006-A	Eff. : 9/27/2017
	Į.	JSE OF	FORCE	REPORT			PARTA
20721010	į	· · · · · · · · · · · · · · · · · · ·		JSE FORCE AGAINST AN II	NMATE	OR WERE YOU	
INSTRUCTIONS: To be completed by	PRINT ALL INFORMAT	of force incident	<u>. ا</u>	\$.57 .4T 1	THE SC	ENE?	•
Information Section	additional space is needed and # on each attached page.	i Indicate Part an			. ,	S/PRESENT AT 1	
Facility:	Report Date: In	cident Date:	Incident Time:	WITNESS promy PRESENT,		upiete PART A-1, No Use of Force #:	Of this report. COD Unusual # if any
GRVC	2/26/2023 2/	26/2023	1357			20 0.00	ace on acces with any
Location Where In	cident Occurred:		signed at Time	of Incident:	Tour.		
4A		SRT		224.2		0x1431	
1 Was Supervis	or notified before force wa	s used? 🔀 Y	ES NO	If YES, write in full NAME, i	RANK a	nd SHIELD #:	
2 Which Super	visor was notified after the	incident? Wri	te in full NAME	, RANK and SHIELD#:			lme Notified:
L Capt	#	···	· · · · · · · · · · · · · · · · · · ·				357
3 State name(s	of inmate(s) against who	n force was us	ed:				
<u> </u>	Last Name	Fin	st Name	B&C or Sent. Numb	997	Infract	ion Written?
1						☐ YES	E NO
2 Evoluin in dat	all the company of avent					C YES	NO NO
i i annematan il	u., il was audarent that sta	leading up to t if would likely i	he incident bas need to use for	ed on your own observations to address the situation	ms, incl and the	uding whether the	e force was maste a plan of action
hitot to marify	ioica).						
While attempti	ng to lock the house	in we were	getting pass	ive resistance that es	scalate	ed quickly. W	hen inmate
attack	ed us when he jump	ed off the up	per tier ont	o my co workers.			
				. •			
•	A 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
	Privater street						
				•			
	4					:	
More sitemati	ves, such as verbal comma		11 L L 2		<u></u>		
5 Weie atternate	eos, aucit as verbai comm	ancis, attempre	o perore torce v	vas used?	⊒ NO	If YES, describ	19:
Inmatas wara		and in the second	A				
ordere to lev d	given several direct o	praers to go	to their assi	igned cells they all re	fused.	. They were a	lso given direct
not want to be	involved to stand info	a to comply	. Their was	also orders for inmate	es tha	t were going	to comply and dic
not want to be	HAONEG (O.Stand.Bill	omanır or m	ieir ceil. But	tney all refused.			•
	· ·	•					
	## ** ** ** ** ** ** ** ** ** ** ** ** *						
6 Describe the in	cident and the specific for	rce used:	<u> </u>	<u> </u>			
<u></u>	*						
On Sunday Fel	oruary 26, 2023 at ap	proximately	1357 I CO	a a	ssiana	ed to srt on th	e 0600x1431
eur of duty, We	responded to an ale	arm of an as	sault on sta	ff in housing area 17	B. Wh	en we arrived	to the area
irections were	given the inmates w	ere told to g	io to their as	signed cells. They all	refus	ed, and one i	inmate
ittembied to co	me down stairs from	the top tier.	. He was the	en told to turn around	and d	to to his assid	med cell
several direct d	rders were given, to	go to your a	assigned cel	l all the inmates that	were (out refused to	comply,
again :	attempted to come de	own from th	e top but wa	s once again told to	go to l	his cell. He bo	egan stating
nat ne's going	out on us (aggressive	e resistance). We then I	egan to put on our g	as ma	isk, more ord	ers were given
iumae	d that if you are not i	involved go	stand in from	nt of your cell door. T	hey al	I refused ther	n shortly after
Jumpe	d on ma rob hat outo	iny co work	ers. He was	taken down and han	idcuffe	ed. The other	inmates began
imates to get a	n the floor the dide!	comply for	and they full	ned back. Orders wer	e con	unuously give	n, now for the
rmate stage: t	anding i first told him	to an down	on upstairs	and saw one inmate	on th	e ground and	the other
v side I then to	old him to lay down o	n hie etomo	cto ma KRB6 ch. Haizafua	es but looking at the s ed multiple orders to	pacin	g with the two	nmates side
then chemical	S agents were utilized	i ina sivillat 1. After he u	gas enround	he rushed me and at	ay do	own from my	co workers and
ndemeath me	I was able to avoid h	eina nicked	up or taken	down and I grabbed	uempt .bis ⊑	ed to grab m	y legs from
e ground he v	as still fighting to get	tip but wer	were able to	place him in handcu	iiiS.D0 iffe o=	Juy and took	nim down to
	,	-L -M 440		- p-vavo inin ni HanuÇU	സമ വി	seetiilii 🖼 Alm	III PAR
						o ocodio min	. I got op tilen

<u> </u>	ontinued)	- **-				
nulti	ple orders and	we were able to see	s no longer on the floor to lay do cure him. After the rest of the inc exited the area without further inc	nates we	ere escorted to their	complied after assigned cell.
•			23 Fig. :			:
				+ W 12-W	٠٠	-
			~			
7.	votolo in detail why	force was necessary to	control the situation:	·	· <u>·</u>	
1	To prevent an a				*.	
	ió bréveur arra	SSSCIE OF CILL				
8 i	dentify the part(s) of	f the inmate's body(ies) t	o which force was applied and a descript	ion of any	visible or apparent injurie	s sustained by the
		used to inmat	es arms and upper		<u></u>	<u></u>
	ody		of Out Howher who puthorized and	lor sunen	visad the incident:	
9		able, identify the name(s	of any Staff Member who authorized and	Stot auher	Aged His His Manual	
Cap				<u></u>		
10	Were any other unifo	orm or non-uniform staff	involved in or present at the time of the in and give an account of each person's	ncident? actions imr	✓ YES NO mediately before and durin	g the Incident:
- 'j	Name	Rank/Title	Shleid/ID Number	Use of	Account of Action	ns'
Į.		Co			10.00	
	Name	Rank/Title	Shield/ID Number		Account of Action	ns .
إ		Co	<u></u>	Use fo	rce	
2						
	Name	Rank/Title	Shield/iD Number		Account of Actio	ns
_		Co		Used f	orce	
3						
11	Did any other inme	tes witness the incident?	YES NO If YES, specify:			1.1327.47
	Ĺ	ast Name	First Name		Book and Case or S	entence Number
			_		<u> </u>	
		<u> </u>				-
12	Were you responsil inmate(s) to the clir	ble for escorting the nic?	YES NO If YES, identify to medical care and	he approxi d the name	mate time the inmate was of the medical provider, i	transported to receiv f known to you:
·			and the second s		Manual Ma	
13	Did you claim any	injuries as a result of the	incident? YES NO If YES	, describe	your injuries and how eac	n was sustained:
						<u></u> .
_			MIN D &	1		
Sub	mitted by: (Print LAST	NAME, FIRST NAME, RANK and	SHED #)			

		. 1										
		CIT	Y OF NEW	YORK	- COR	RECTION	DEPART	MENT		FORM #5006-A		Eff. : 9/27/2017
		NAME OF THE OWNER OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OW	·	USE	OF	FORCE	REPOR	2 T		· · · · · · · · · · · · · · · · · · ·		PART A
	TTILLOTTO	*							MAT	E OR WERE YOU	JAV	VITNESS/PRESENT
To	TRUCTION be complete	d by any mer	INT ALL INFOR mber involved in a	use of force	ce incident.		_	AT T	HES	CENE?		
Info	maton Se	ts if additiona ction # on eac	il space is needed ch attached page.	d and Indica	ate Part and	_				SS/PRESENT A1		
	ility:	· · ·	Report Date:	Incident		ncident Time:	Facility Incide			Use of Force #:	_	this report. OD Unusual # if any
ΑM	IKC	Holas	2/26/23	2/26/2	23: 1	357hrs					_ ¯	
171		re incident (Occurred:			igned at Time			Tou			
H		<u> </u>	P-15-8 6			ic Respon			بيصط	0X1431hrs		
1	was oup	MAISOL BOTH	Red before force	e was use	as 🔁 ši	ES 🔲 NO	If YES, write in	full NAME, F	RANK	and SHIELD #:		
2	Which Su	pervisor wa	s notified after	the incide	ont? Writ	e in full NAME	RANK and SH	ELD#:		<u> </u>	Tim	n Notified:
Ĺ	Capt.	#		·								sent
3	State nan		ate(s) agsinst v	vhom forc	e was use	ed:						
	'. ├─	Last	Name		Fire	t Name	B&C or	Sent Numb	er e	Infra	ction	Written?
ł	¹				.	l			_	⊻r	ES	NO NO
	_	detail the s	equence of eve	ents leadin	an un to th	a incident has	ad an ware are			L YI	ES ·	□ NO
4	ariucipate	d (i.e., it wa sing force):	is apparent that	Staff wou	ig up to in ild likely n	eed to use for	ce to address th	i opservado: 18 situation :	ns, inc and th	iere was time to	the f prep	orce was are a plan of action
_	· ·					.						
	-	9 2	/ 26, 2023 l		.1	assigned	to SRT on ti	he 0600X	223	Ihrs tour. Un	der	the
		of Capt	SRT staff en	respond	ded to L	evel B acti				3.This writer		
			e prowertra:			100	and CO	res	pon	ded to the ar	ea a	at
երբ	7. 14 I ў II	is with th	ie browerda:	xx chair	-							
						•						
		Consideration (ACD)									-	
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			CITY OF NEW	YORK - COR	RECTION	DEPARTMENT		FORM #5006-A	Eff.: 9/27/2017
V		<u></u>	***************************************	USE OF	FORCE	REPORT			PART A
		CTIONS:	PRINT ALL INFO	RMATION		JSE FORCE AGAINST AN I		E OR WERE YOU , CENE?	A WITNESS/PRESENT
Use	e attac	chments if a	eny member involved in dditional space is need on each attached page	ed and indicate Pert and	d 🖭	USED FORCE	MTNE	SS/PRESENT AT	THE SCENE
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GF	ality:	}	Report Date 02/26/23	02/26/23 1	ncident Time: 1357 hours	Facility incident #:		Use of Force #:	COD Unusual # if any
17		1 Where In	cident Occurred;	Post Ass SRT	signed at Time	of Incident:	Tou: 060	r:)0x1431	
1	Was	s Supervis	or notified before for Captain	ce was used? 🔀 Y	ES NO	If YES, write in full NAME,	RANK	and SHIELD #:	
2	Whi Ca	ich Superv aptain	isor was notified afte	r the incident? Writ	te in full NAME	, RANK and SHIELD #:			ime Notified: 357 hours
3	Sta	te name(s)	of inmate(s) against	whom force was use	ød:				
	ı		Last Name	Firs	st Name	B&C or Sent. Numb	er	Infract	ion Written?
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5	Wen	e alternativ	os, such as verbal c	ommands, attempted	d before force y	res used? VES	NO.	If YES, describ	io.
ليا			Control of		-		- (
mul	ltiple	unknov	vn inmates was	aiven multinia v	erhal comm	ands by SRT staff to	1	. 12	
222	iane	ed cell.	i i i i i i i i i i i i i i i i i i i	Sison tirembre si	erdar contiiti	ands by SK I Staff to	step	p back and tak	e it to their
uoo	.9	ou ocii.	P. Control of the Con						
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	Deer	ribe the I-	cident and the specif	lo force					
6		wee [1]	and the speci	IOTEB 8380;					
1 1	_							•	
Upo	n er	ntering t	he housing area	there were mult	tipies inmate	s out, this writer stoc	od in	formation to the	e bottom right
ne. i	with	OK I ST	şπ. SKI gave m	iuitiples verbal c	commands to	o the inmates out to s	sten i	hack and take	it to their call
Said	inn î	nates co	ntinuously ignor	ed the verbals c	ommands a	nd advanced toward	CDT	otoff with an-	r waren cen.
with	clei	nched fis	sts face covered	with clothes to	ound cham	ing advanced toward	OKI	stan with agr	essive manner
an u	ınko	ignin ja	ate, later identifi	ind on in	avoid chem	ical agent effect and	stati	ng we going o	
uii U ntin	ا ۱۸۱۱ الم	AAALLIIIII	iaic, iaier idenim	eu as inmate	الله البيس				, who was
oldf)	un 10	on the	op uer staircase	Imped from the	ne stairs to a	attack the SRT officer	holo	ling the polyca	rbon shield
mak	ıng	contact	with the shield a	nd others SRT s	staff. At this	moment, this writer of	lenio	ved a one-two	second burst
Of G	LIGIT	ııcaı age	nt toward said in	nmate facial are:	a which did	not take its desired e	ffect	as said inmat	a activoly kant
push	iing	, pulling,	tensing while S	RT staff attempt	ting to secu	ing him. At this time	thie ·	writer essisted	CDT staff L.
ultizi	na s	soft hand	d techniques on	inmatës left arm	hv arabbin	g his left arm and sec	21 12 /		ON I Staff by
han	DLU.	Cooded	to utiliza control	awa ien ai iii	. vy graduill	y nis icil amn and se(Junn,	y said inmate	o me ground.
	hi O		uuπ∠e coπtro	riolos on said li	nmates wris	t to place his hands t	o the	rear. Once sa	aid inmates
IHIIC	12 M	ere to tr	ie rear, i placed	mechanical rest	traints on sa	id inmate, assited hir	n to	his feet and ni	acad him to the
van	Uy t	ne entra	nce wall. At this	stime I went to a	assist SR⊺ s	staff with securing the	rest	of the housing	I area Once
he h	ious	ing area	was secured, t	his writer and SF	RT staff exit	ed the area terminati	no th	e incident	, arour office
		-				a. va torrinrau	ing til	o moluciil.	
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			. *	•	Continued on Re	vorna Sida			
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(Cont								
m wr amei	riting this repo nd this report	ort based upon my pursuant to my fur	immediate recolle ther clarity of the	ction of the incident and po	ssible re	his point. I view of vid	herby resen leo evidence	ve the right
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		force was necessary to		<u> </u>		.		
		the inmate's body(les)					arent Injuries su:	stained by the
`	Onernical ago.	Trappinou to the pas		<u> </u>	· - ·			
·						iced the Incid	ent:	
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<u>"</u> _	the extent applica	able, identify the name(s	s) of any Staff Member	who authorized and	/or superv	1980 (110 Highe		<u> </u>
Capt			···	···				
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Capt		orm or non-uniform stat identification informati Rank/Title	Thusbad in a passeri	t at the time of the i t of each person's a	acident?	✓ YE rediately befo	s MNO	e incident:
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	CITY OF NEW	YORK - CO	RECTION	DEPARTMENT		FORM #5006-A	Eff. : 9/27/2017
V	dy serve d	USE OF	FORCE	REPORT			PART A
INSTRUCTION				USE FORCE AGAINST AN IN AT T	NMATE		A WITNESS/PRESENT
Use attachment	d by any member involved in a : is if additional space is needed : zion 8 od each affached page	use of force inciden and indicate Pert an	d 🖸	USED FORCE V	WITNES	SS/PRESENT AT 1	* *
Information Sec Facility:	Report Date:	* * * 4 Pinda,		WITNESS or only PRESENT, t	then co	mplete PART A-1, NO	OT this report.
Facility: GRVC			Incident Time: Approx. 1357	Facility Incident #:	ÇOĐ	Use of Force #;	COD Unusual # if any
	re Incident Occurred:		signed at Time		Tour		
17B Was Supe	ervisor notified before force					0 X 1431	····
	u400%			if YES, write in full NAME, F	ANA.	and SHIELD #:	_
	pervisor was notified after t , Captain #		<u> </u>	, RANK and SHIELD #:			ime Notified: 357
3 State nam	ne(s) of inmate(s) against wi						
_ ,	Last Name	Fil	st Name	B&C or Sent. Numb	er		lon Written?
2	\$ 1				\dashv	✓ YES ✓ YES	2-4
A Explain in	detail the sequence of even	its leading up to	the incident bar	ed on your own observation	ns, inc	direline whathar th	a fama idaa
T anticipate	d (l.e., it was apparent that sing force):	Staff would likely	need to use for	ce to address the situation :	and th	ere was time to pr	epare a plan of action
	February 26th 2023 a	* ======= 1 2 6	م ایشنجا ۳	~ ———— <u></u>			
តខុខក្បា	ed to the Strategic Re	sponse lean	on the ubu	0 x 1431 hours under	the o	direct supervis	sion of Captain
#	responded to nous	ng area 1/B	for a Level E	Activation (Assault C)n St	aff). SRT Staf	f entered
Ousing area	a and went into a Stag	ggered forma	tion. At this	ime, this writer obser	ved n	nultiple individ	luals refusing
	for Captain to	"take it to you	ir cell door t	or lock in." Multiple U	niden	tified <u>Individu</u>	
rders to tak	e it to their cell and s	tated "We not	locking in,"	and "Lock In for what	il" Ca	ptain g	gave an order for
RT Staff to	donn Gas Mask. This	s writer proce	eded to don	n Gas Mask and resu	med	back place in	formation. A
ommand w	as then given by SRT	Staff to ente	r a modified	formation covering all	ll 4 uc	pper and lowe	r access points
ier) of hous	sing area. This writer w	was positione	d on the rigi	nt side monitoring the	multi	iple passive re	esistant
idividuals r	efusing direct orders t	o lock in.				F	
	9 (1)						
)						
5 Were alter	natives, such as verbal com	mands, attempts	d before force	was used? YES	NO.	If YES, describ	ia:
	Conference of the Conference o		_	<u> </u>			•
/ultiple Cor	mmands were given b	y Captain	and SR	T Staff to take it to yo	ur re	spective cell d	loor for lock in.
	Acceptance of the Control of the Con					•	e turi
	Afficial see					23	
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	Tree of the control o					(F) (C) (C) (C)	en g
	The state of the s					652 Of	6
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Describe ti	ne incident and the specific	Sama usadi		<u></u>			
S Describe tr	to mender and the chooses.	TOICE useu,				0	•
his writer o	bserved an unknown	Individual late	··· Idealified	. 			
110 mag. c.	Dog ved an diminion i	Iliulyiuuai iaic	er idenuited i	as			
	increase his	lovel of regin	taras from				
one of the	mucoco mo	ilevei ul icoli		a passive state to an	agres	ssive state by	Jumping off the
	upper right tier to assa			who was standing			
	g the Polycarbon shie		IS a	a 24 year old, black m	ale.	5'10. weighing	ahout 190 lbs
e nas peer	in DOC Custody sind	e					
		his writer util	ized (one) tv	vo second application	of C	hemical Agen	t (MK9)
	tacial area of Individua	al sir	nultaneously	as he attempted to ju	ump	off the right sid	de upper tier
teps toward		is writer obse	rved Officer	maintaining po	sses	sion of the no	lycarbon shield
nd Individua	was taken	down to the g	round by Si	RT Staff. At this time.	order	rs were given	by Captain
for all	Individuals to lay dow	vn on the grou	und. This wr	iter disengaged with it	ndivid	dual laub	and continued
observe ac	dditio <u>nal Indi</u> viduals o	n the top tier i	right side wh	o refused orders to la	iy do	wn on the gro	und. This writer
ong with Oi	mcer	and Office	er	advanced uptow	vards	the top tier si	till maintaining
modified fo	mation awaiting orde	rs from Capt	ain to	o advance. This writer	robs	erved Individu	ial Esta
	Application of the contract of						:
	3		Continued on Re	40140 GIGB			ļ

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ΕN	ABER (SRG-BL	OODS (MAC BALL	Classification Score: ER)), RED ID, Enhanced Rest	raint, stan	ody Level: MAX, ACTIVE GANG ding on the upper right tier
fus	sing all verbal co at 140 lbs.	mmands to lay dov	yn on the ground. Individual	is a 37	year old black male, 5'8 weighing
					ved Individual
	G: BLOODS (MC	B PURU}), RED II	ssification Score: 26, Custody I D, Enhanced Restraint laying o male, 5'10 weighing approx. 22	n the grou	X, SUSPECTED GANG MEMBER and on the upper right top tier.
i en		,,,,			Chemical agents were
esi rrite ndiv	red effect. After of the utilized (one) to vidual increases	wo second applicate eased his level of re in an attempt to ass	ers were given by this writer to tion of Chemical Agents (MK9) esistance from a passive state sault staff. This writer observed	get down towards t to an agre I Individua	he facial area of Individual series series state by charging towards
		force was necessary to o			
_		and where there ar , or other persons	e no practical alternatives avai	lable to pr	event physical harm to Staff,
3 E	dentify the part(s) of	the inmate's body(ies) t		^	risible or apparent injuries sustained by the
<u>'</u>	Facial Ar	ea, Leg Lo	ck (No Visual or	Appa	ent n
<u> </u>	To the extent applica	ble, identify the name(s)	of any Staff Member who authorized a	nd/or superv	ised the incident:
"					
Сар	tain #				
_		rm or non-uniform staff	involved in or present at the time of the	Incident?	Z YES NO
_	Were any other unito	identification informatio	involved in or present at the time of the in and give an account of each person's Shield/iD Number	Incident?	YES NO sediately before and during the incident: Account of Actions
_		rm or non-uniform staff identification informatio Renk/Title CAPTAIN	n and give an account of each person's	actions in	rediately before and during the incident:
_	Were any other unito	identification informatio	n and give an account of each person's	actions in	Account of Actions
_	Were any other unifo if YES, complete the Name	Identification informatio	n and give an account of each person's Shield/iD Number	actions in	Account of Actions
_	Were any other unito	identification informatio	n and give an account of each person's	SUPER	Account of Actions VISED THE INCIDENT
_	Were any other unifo if YES, complete the Name	Identification information Renk/Title CAPTAIN Rank/Title	n and give an account of each person's Shield/iD Number	SUPER	Account of Actions Account of Actions Account of Actions Account of Actions
_	Were any other unifo if YES, complete the Name	Identification information Renk/Title CAPTAIN Rank/Title C.O	shield/iD Number Shield/iD Number Shield/iD Number	SUPER	Account of Actions Account of Actions Account of Actions Account of Actions
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	Were any other unifo if YES, complete the Name	Renk/Title CAPTAIN Rank/Title C O	shield/iD Number Shield/iD Number Shield/iD Number	SUPER UTILIZI	Account of Actions Account of Actions Account of Actions Account of Actions ED CONTROL HOLDS Account of Actions
1 2	Were any other unifo if YES, complete the Name Name	Renk/Title CAPTAIN Rank/Title C.O Rank/Title C.O	Shield/ID Number Shield/ID Number Shield/ID Number	UTILIZI ASSIST	Account of Actions Account of Actions Account of Actions Account of Actions ED CONTROL HOLDS Account of Actions
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1 2	Were any other unifo if YES, complete the Name Name Name	Renk/Title CAPTAIN Rank/Title C.O Rank/Title C.O	Shield/ID Number Shield/ID Number Shield/ID Number	UTILIZI ASSIST	Account of Actions Account of Actions Account of Actions Account of Actions ED CONTROL HOLDS Account of Actions ED WITH RESTRAINTS
1 2	Were any other unifo if YES, complete the Name Name Name	Rank/Title CAPTAIN Rank/Title C.O Rank/Title C.O Rank/Title C.O	Shield/ID Number Shield/ID Number Shield/ID Number Shield/ID Number	UTILIZE ASSIST	Account of Actions Account of Actions Account of Actions Account of Actions ED CONTROL HOLDS Account of Actions ED WITH RESTRAINTS
1 2	Name Name Name Name Name Name Name Name	Rank/Title CAPTAIN Rank/Title C.O Rank/Title C.O Rank/Title C.O	Shield/ID Number Shield/ID Number Shield/ID Number Shield/ID Number Pres No If Yes, specify: Tyes No If Yes, identify medical care a	UTILIZI ASSIST	Account of Actions VISED THE INCIDENT Account of Actions Account of Actions ED CONTROL HOLDS Account of Actions ED WITH RESTRAINTS Book and Case or Sestence Number
0 1 2 3	Name Name Name Name Name Name Name Name	Rank/Title CAPTAIN Rank/Title C.O Rank/Title C.O Rank/Title C.O es witness the incident? est Name	Shield/ID Number Shield/ID Number Shield/ID Number Shield/ID Number Pres No If Yes, specify: Tyes No If Yes, identify medical care a	UTILIZI ASSIST	Account of Actions VISED THE INCIDENT Account of Actions ED CONTROL HOLDS Account of Actions ED WITH RESTRAINTS Book and Case or Sentence Number mate time the inmate was transported to rece of the medical provider, if known to you:

Form 600AR

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DEPARTMENT OF CORRECTION - INTRADEPARTMENTAL MEMORANDUM

Date

Sunday, February 26, 2023

To

Executive Officer

From

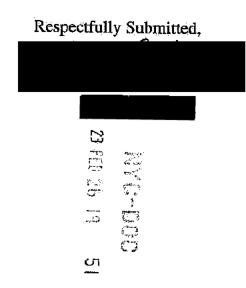
C.O.#

Subject

EXTENSION OF UOF #1069/23

Submitted herein is an extension of UOF 1069/23.

and gave orders for said Individual to get back down on the ground. This writer of Individual observed Officer utilize force to bring Individual down to the ground. This writer stepped over Officer and performed a leg lock technique with feet to maintain positive control of Individual legs due to his aggressive resistance. This writer stood by observing who ran to the rear of the tier and removed his shirt and took on a fighting stance Individual with closed clenched fists after wiping off his face. This writer remained in a modified formation and stood by until Individual was secured by SRT Staff. This writer then advanced down the upper right-side tier with Officer and Officer Upon Captain's orders to advance down the tier and secure Individual Officer gave an order to get down to the ground. placed both hands in the air and got down to the ground. It was at this time chemical Individual agents took its desired effect and Individual began to comply. This writer gave an order to place hands behind his back. Individual complied. At this time, this writer placed mechanical and assisted said Individual to his feet. This writer conducted a Pat Frist restraints on Individual of Individual with negative findings. This writer escorted Individual to this assigned Cell #46 and placed him on his bed to lay down prone. This writer gave orders for Individual down and place hand behind head upon removal of mechanical restraints. Upon removal of mechanical restraints Individual complied with orders given and this writer exited cell terminating incident with this individual. This writer then assisted SRT Staff with opening and closing cell doors by utilizing a point-to-point radio with facility staff inside the A Station. Upon all individuals secured in housing area, this writer along with all SRT Staff exited area terminating incident in its entirety. I am writing this report based on my immediate recollection of the incident. I hereby reserve the right to amend this report, pursuant to my further clarity of the incident, and possible review of the video evidence.



100000	CITY OF MESA						
	CITT OF NEW			DEPARTMENT		FORM #5006-A	Eff. : 9/27/2017
V		USE OF F	FORCE	REPORT			PART A
INSTRUC	CTIONS: PRINT ALL INFORM	IATION	DID YOU U	ISE FORCE AGAINST AN I	YMAT	OR WERE YOU	MITHEODOR
To be con Use attack	nploted by any member involved in a	**************************************		.∕ <u></u> '	i Lie Gi	JENE!	
Informatic	in Section # on each attached page.	ent trincate Part and	<u> </u>	USED FORCE	WITNE	ss/present at t	HE SCENE
Facility:	Report Daie	Incident Date: Inc	ident Time	WITNESS or only PRESENT, Facility Incident #:	hen co		
	KVC 9-26-23		857	Lacusy bride by 4:	COD	Use of Force #:	COD Unusual # If any
ocation	Where incident Occurred:		ned at Time o	fincident:	Tour		
	12B	J'R	ケー		'02'	0600 X	142)
Was	Supervisor notified before force	was used? YES	\$ ▼NO I	f YES, write in full NAME, F	RANK	and SHIELD #:	/3/
Whic	h Suporther						
2	h Supervisor was notified after t	ne incident? Write	in full NAME,	RANK and SHIELD#:		Ti	ne Notified:
State	name(s) of inmate(s) against wi	30M force wood	· · · · · · · · · · · · · · · · · · ·				358
ľ	Last Name			<u> </u>			
1	200t Maille	First N	Veme	B&C or Sent, Number	er	Infractio	on Written?
2						YES	No
Expla	in in detail the engineer of	4-1-4				YES	□ NO
antici	in in detail the sequence of even pated (i.e., it was apparent that S to using force):	its leading up to the taff would likely nee	incident base of to use force	d on your own observations to address the situations	is, inc	luding whether the	force was
brior	to using force):				um tiji	and Mas time to bue	pare a plan of action
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Describ	e the incident and the specific fo	orce used:					
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ħ	7	Did any other inmates	witness the incident?	YES NO	If YES, specify:		
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	CITY OF NEW	YORK - CORRECTION	ON DEPARTMENT	FORM #5006-A	E4 Alexander
W		USE OF FORC		i sim sassa	Eff.: 9/27/2017
INSTRUCTIO	NS: PRINT ALL INFORI	DID YO	U USE FORCE AGAINST AN I	NMATE OR WERE YOU A	PART A
	ed by any member involved in a its if additional space is needed ction # on each attached page.	and or interesting	~~	THE SCENE? NITNESS/PRESENT AT T	
Facility: /	Report Date:		If WITNESS or only PRESENT.	then complete PART A-1, NO)T this report.
31	(10 7/76-173	2/21-25 1350	o: Facility Incident #;		COD Unusual # If a
Location Whe	re incident Occurred	Post Assigned at Tir		Tour:	
4 Was Sup	235 ervisor notified before force	was used? VES NO	f Yea	GN (_	
	Article Control of the Control of th				
2 White St	ipervisor was notified after t	he incident? White in full NAI	HE, RANK and SHIELD #:	Ti	me Notified:
3 State nam	ne(s) of inmate(s) against wi	nom force was used:			
	Last Name	First Name	B&C or Sent Numb	er Infractio	on Written?
2	-favo			YES	No
A Explain in	detail the sequence of ever	its leading up to the incident h	ased on your own observation		No
prior to us	d (i.e., it was apparent that sing force):	itaff would likely need to use t	ased on your own observation of the address the situation a	nd there was time to pre	i force was pare a plan of actio
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5 Were altern	natives, such as verbal com	mands, attempted before force	Was used?		W. Law Co.
		1	Was used? ✓YES ☐	NO If YES, describe:	;
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=	To the extent appl	ame(s)	of any Staff Member who authorized and	or supervised the Incident:
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•	V					REPORT		··	PART A
	INSTRUC			ION	DID YOU (JSE FORCE AGAINST	AN INMA	TE OR WERE YOU A	WITNESS/PRESENT
	I Lise attaci	hmants if	any member involved in a use	of force inclides	Ė	USED FORCE	AT THE	scene? Ess/Present at t	HE SCENE
	Facility:	un Sectio	# on each attached page.	43-48-33-4		WITNESS or only PRES	ENT, then	complete PART A-1, NO)T this report.
	Luciaty.	San			cident Time: 35年	Facility Incident #:	CO	D Use of Force #:	COD Unusual # if any:
	Location		ncident Occurred:	Post Assig	ned at Time	of Incident:	To		
	Was		48 For notified before force wa	R TERRITORIES	SRT	WYEC wells in h		0600X143	31
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	2 White	ch Super	visor was notified after the	incident? Write	in full MARKE	PANK and SHIELD #			me Notified: 354
•	3 Statu	o name(:) of inmate(s) against whon	i force was used				.1	
	╟┈╵╽		Lest Name	First	Name	E&C or Sent.	Number	Infracti	on Written?
	1 2							U YES	
, .	Expl	ain in de	tail the sequence of events	leading up to the	Incident bas	ed on your own obse	rvations, l	YES	
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N	5 Were	alterna	ives, such as verbal comme	nda, attempted	before force v	vas used?	ES 🗌 N	O If YES, describ	9 :
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ı	6 Desci	ribe the	ncident and the specific for	ce used:		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
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to lay down and get cuffed, chemical agents were utilized and said immufe changed at than took said immufe to the ground. This uniter secured Scidinimates whist to assist in security (ald in make in mechanical restraints. Inmate was then exacted day afterness near the door of housing area 176. All immates were secured in their cells abouting the level B in 1773. No puttler incidents occured.
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monate in mechanical restraints. Inmote war than excited day is rear the door of housing one of the All inmotes were secured in their cells abouting the Level B in
were secured in their cells abothy the level Bin
were secured in their cells abouting the Level Bin
Explain in detail why force was necessary to control the situation:
Force was necessary to control the situation because the
housing area was unot stopping their aggression towards
the strategic response term and they continued to recuse
to lacking.
dentify the part(s) of the inmate's body(les) to which force was applied and a description of any visible or apparent injuries sustained by the
8 inmate:
This writer used lower body controls on said inmate. No injuries
were visible on said mmate.
To the extent applicable, identify the namels) of any Staff Member who sufficient and/or supervised the incident: Output Description:
- Captain
Were any other uniform or non-uniform staff involved in or present at the time of the incident?
If YES, complete the identification information and give an account of each person's actions immediately before and during the incident: Name Rank/Title Shield/ID Number Account of Actions
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1 and upper body controls.
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	CITY OF NEW YOR	- 		-		-
			TION DEPARTMENT		FORM #5006-A	Eff.: 9/27/2017
	<u> </u>	SE OF FO	RCE REPORT		**************************************	PARTA
INSTRUCTION	NS: PRINT ALL INFORMATIO	N D	ID YOU USE FORCE AGAINST AN	INMATE	OR WERE YOU	WITNESS/PRESENT
Use attachment	od by any member involved in a use of is if additional space is needed and inc	force incident.		THESO	cene? Ss/Present at 1	NE SCENE
	ction # on each attached page.		If WITNESS or only PRESENT	then co	mplete PART A-1, N(OF BOENE
Facility:		ent Date: Inciden	t Time: Facility Incident #:			COD Unusual # if an
	re Incident Occurred:		1351			A CONTRACTOR OF THE SECOND
	R Michell Occurred:		et Time of Incident:	Tour	: 0600 x	18174 ****
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Explain in	detail the sequence of events les	ding up to the incl	dent based on your own observati	ens. inc	YES	
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Explain in detail why force was necessary to control the situation:	
PPENENT INJURY TO STAPF AND INMATE	
ENFORCE DEDAKETMENDAL RULES AND REGULATIONS.	
(i) Identify the part(a) of the immate's body(les) to which force was applied and a description of any visible or apparent injuries sustained	d by the
inmate:	
THE IMMANS LOCK. NO VISIBLE INJURIES WERE NOTED BY HILLS WELLER.	0
To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:	
or non-uniform staf seemt at the time of the incident? YES NO NO THE INCIDENT SEEMS IN THE INCIDENT SEEDS IN T	lent:
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11 Did any other inmates witness the incident? YES NO If YES, specify:	imhor
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Last Name First Name Book and Case or Sentence Nu THIS WRITER Were you responsible for escorting the YES NO If YES, identify the approximate time the immate was transported	to receive /ou:
Last Name First Name Book and Case or Sentence Nu THIS WRITER Were you responsible for escorting the inmate was transported inmate(s) to the clinic? NO If YES, identify the approximate time the inmate was transported medical care and the name of the medical provider, if known to your later and how each was sustained.	/ou:
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	oitsmeini	Section # on each attached page	a sua moleste Lau su		USED FORCE	WITNE than co	SS/PRESENT AT 1	HE SCENE
	Facility:	Report Date:	Incident Date:	incident Time:	Facility incident #20			COD Unusual # if any:
	Location V	Visere Incident Occurred:	02/26/23	35 signed at Time				
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	2 Which	Supervisor was notified after	the incident? Wri	te in full NAME	RANK and SHIELD #:	V	. Ti	ma Notified.
	State	nama(é) of inmate(e) against r						
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Wore any other unifor	m or non-uniform staff in	volved in or present at the time of the in	cident? ZYES NO
If YES, complete the i	dentification information	and give en account of each person's ac	tions immediately before and during the incident:
Were any other unifor If YES, complete the i	dentification information Rank/Title	volved in or present at the time of the in and give an account of each person's ac Shield/ID Number	tions immediately before and during the incident: Account of Actions
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INSTRUCTION	S: PRINT ALL INFOR	MATION	DID YOU U	SE FORCE AGAINST AN I			WITNESS/PRESENT
Use attachment	l by any member involved in a s if additional apace is needed	use of force incident. I and indicate Part and	<u> </u>	<u> </u>	THE SCER WITNESS	VE? /PRESENT AT 1	HE SCENE
	ion# on each attached page.	_		WITNESS or only PRESENT,			
Facility: GRVC	Report Date: 2/26/23	Incident Date: In 2/26/23 13	cident Time: 357	Facility Incident#:	COD Us	e of Force #:	COD Unusual # if any
	e Incident Occurred:	Post Assi	gned at Time o	f Incident:	Tour:		
17B	, , , , , , , , , , , , , , , , , , ,	SRT	<u> </u>	· <u>· · · · · · · · · · · · · · · · · · </u>	0600x		
	rvisor notified before force	was used? IVI YE	S NO.	f YES, write in full NAME, I	RANK and	SHIELD #	
2 Which Sur	pervisor was notified after	the incident? Write	in full NAME,	RANK and SHIELD #:		Ti	me Notified:
Capt			·	<u></u>			350
3 State Ham	e(s) of Inmate(s) against w				·		
1	Cast Name	First	Name	B&C or Sent. Numb	97		on Written?
2	y		·			YES	7
4 Explain in	detail the sequence of eve	nts loading up to the	e incident base	ed on your own observation	ns, Includ		
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and the SRT	entered the area in	ottompt to some		nuer ine supervision	or Capi		This writer
arrival this w	riter witnessed sover	ral unknown inc	re an mmai	es into their cells as	an resu	ilt of assault	on staff. Upon
Some inmet	nici williesseu sevel	iai ulikiluwii ilifi	iales refusi	ng to lock in as they	stood o	n t <u>he top</u> tie	
Donne miniate Depart professo	to poid immeter to le	s with clothing v	wniie enten	ng and exiting their o	elis. Ca	ipt g	ave several
meor oldera	to saw infinales to to	ick in their cells,	, in which a	ll of them refused to	comply	. —	
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6 Describe th	e incident and the specific	force used:					
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or going to r	ock in. At this time s	aid inmate jump	ed from the	stairs with a kick ma	akina co	ontact the st	ileld held hy
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	CITY OF NEW			DEPARTMENT	FORM #5005-A	Eff. : 9/27/2017
W	Para la companya da l	USE OF	FORCE	REPORT		PART A
INSTRUCTIONS:	PRINT ALL INFORM	AATION		USE FORCE AGAINST AN IN	MATE OR WERE YOU A	A WITNESS/PRESENT
Use attachments if a	sny mamber involved in a sadditional space is needed.	use of force incident. and indicate Part em	: I 5	_	he scene? Vitness/Present at 1	THE SCENE
Information Section	# on each attached page.			f WITNESS or only PRESENT, U		
Facility:		Incident Date: A	ncident Time:	Facility Incident #:		COD Unusual# if any:
Lecation lethors in	0-26-3 3	2-26-251	⁷⁷ 18ි57			
Location Where in		Post Ass	signed at Time (of Incident:	Tour	7 t
		was used? VY	<u>/ S0.T</u> 'es □ no i	if YES, write in full NAME, R	OGCOX 143	<u> </u>
		THE CALL		i i i i i i i i i i i i i i i i i i i	ARA SING SPIELD 6.	
2 Which Superv	visor was notified after t	he incident? Writ	e in full NAME,	RANK and SHIELD#:	A A	ime Natified:
3 State name(s)	of inmate(e) against wi	nom force was use	ed:			
	Last Name	Fire	st Name	B&C or Sent, Numbe	er Infract	tion Written?
1.					V YES	s 🔲 NO
2					YES	s 🗆 NO
4 Explain in det	all the sequence of ever	nts leading up to the	he incident bas	ed on your own observation ce to address the situation a	as, including whether th	se force was
buot to reguld	ione):	Pipe House seems	IDDR M. HOW	Se to envise movement	ilio mas mus re s-	epare a pian or accour
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5 Were alternati	ives, such as verbal con	nmends, attempted	d before force y	was used? YES [NO If YES, describ	06:
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6 Describe the :	incident and the specific	: force used;		•	The Transfer	
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	mate a direct order t	plan force down on the	around with his honds
D	phind his book. Joild inv	nate complied and I co	seared to id injurate.
1	21th mechanical restrain	nts, assisted him to his	fact and escorted him tocall the
	orest in mas some	with Societies	enthen proceeded to assist 10
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Ľ	cking and prohish off his	hed frame. Sold inmote the	aints and soid importe started a climbed on top of the bed frame
a	d attempted to break SOT	Staffesont hold. This w	riter then ambbed sold in mates to
7	Explain in detail why force was necessary	to control the situation;	
 	To efforce DOC 10	oles and regulations	
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-	-		
8	Identify the part(s) of the inmate's body(les	s) to which force was applied and a description	of any visible or apparent injuries sustained by the
-	Leas		
-	J		
9	To the extent applicable, identify the name	(8) of any Staff Member who authorized and/o	supervised the incident:
	Captain		
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L F	Work and other uniform or non-uniform ste	Minimum I	
10		tion and give an account of each person's acti	deni? YES NO ons immediately before and during the incident:
10	Were any other uniform or non-uniform sta If YES, complete the identification informa Name Rank/Title	off Involved in or present at the time of the inci- tion and give an account of each person's acti- Shield/ID Number	deni? YES NO ons immediately before and during the incident: Account of Actions
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Form 600AR

DEPARTMENT OF CORRECTION - INTRADEPARTMENTAL MEMORANDUM

Date: February 26 2023

To Evacutive Office

Executive Officer of ESU (through channels)

From:

Subject: Continuation of use of force report

Submitted is the continuation of use of force report for housing area 178 on February 26,2023.

This writer then grabbed said inmates legs to prevent him from kicking SET start or from jumping of the bed and placed him on top of his bed frame. This writer then removed the mechanical restraints and backed out of his cell thus terminating the incident.



A RN

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OCENSION I	CITY OF NEW YO	RK - CORI	RECTION	DEPART	MENT	FORM	52 01 #5006-A-	1 Eff. : 9/27/2017
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STRUCTIONS:	PRINT ALL INFORMATION OF THE PRINT ALL INFORM		DID YOU	USE FORCE A		MATE OR W	ERE YOU	A WITNESS/PRESENT
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tion # on each at lilty:		dent Date: In	cident Time:	Facility Incid	used force, com ent #:	plete PART A, COD Use of		port. COD Unusual # If any
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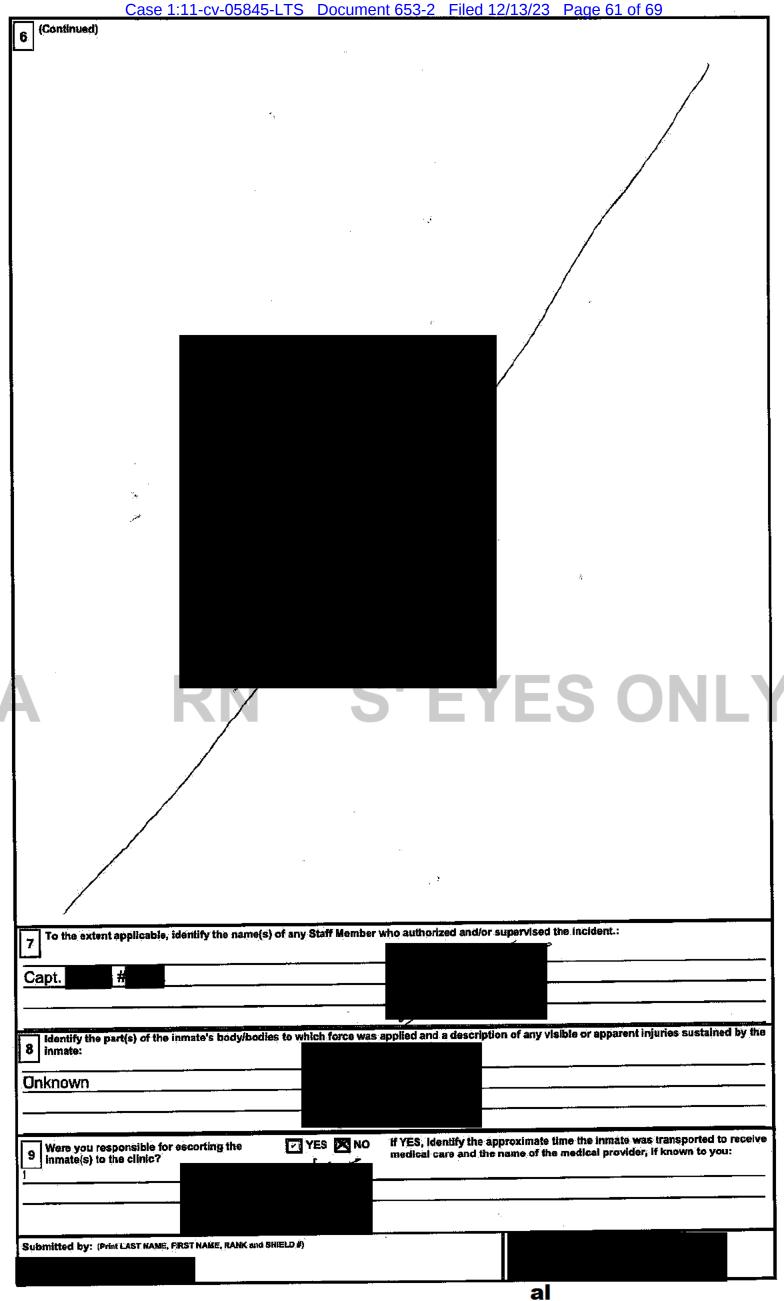
W	CIT	Y OF NEW	YORK	- COI	RECTION	DEPART	MENT	F	ORM #5006-A	14	Eff. : 9/27/2017
	a supplied to	USE	OF	FOR	CE WIT	NESS R	REPOR	<u>`</u> _		7	PART A-1
		INT ALL INFOR	MATION		DID YOU		GAINST AN IN	IMATE C		U.A.W	VITNESS/PRESENT
or preser additions	mpleted by eny mer nt at the acene of a nl space is needed a f on each attached p	use of force. Use and indicate Part a	attechmen	ts If	ב	USED FOR			PRESENT A		
Facility: GRVC		Report Date: 2-26-23	Incident 2-26-2	23	Incident Time: 1357	Facility Incid	lent#z	CODU	se of Force #:	C	OD Unusual # if any:
Location 17B	. Where Incident	Occurred:		Misc	sign e d at Time	of Incident:		Tour: 1431.	X2231		
1 Did	any other inmate		ncident?		YES INO	H YES, list #:					
	Nga ng	Last Name		·	**************************************	First Name		·E	look and Cas	e or \$	Sentence Number
2	G G			 				+			
:3											
2 Did	you see force us	ed against an ir	mate(s)?		YES NO	If YES, state	name(s) of ins	nate(s) a	igainst whom	force	e was used:
$\Gamma_{\scriptscriptstyle 1}$		Last Name		-		First Name	····	E	look and Cas	e or S	Sentence Number
2		·		\dashv		. 6.	·	_	•		
3	0	· ·				At	· · ·		•		
3 Stat	te the name(s) of	any other unifo	rm or non	-uniform	staff involved	in or present a	t the time of t	he Incid			•
	L	ast Name			First Name		Rank/Title	B '	Shield/iD Number	rien us	sed Fores
2						····	CO		_	(2) W	as a Witness / Present sed Force
3											es a Witness / Present sed Force se a Witness / Present
4 If yo	ou were present b	efore the incide	nt began,	explain	in detail the se	quence of eve	nts leading up	to the l	ncident. inclu	dina :	whether the use of ne to prepare a plan
of a	ction prior to usi	ng force):	purent da			i to ase ioice i	to entridad tid	bituativi	a sun miare A	es fui	ile to biebara a hian
	nday Febraur			#			-			e 14	31x2231 tour,
At App	rox 1357 hou	irs SK i Stat	respor	10 0 0 to	an assault	on start in i	nousing are	ea 1/8	•		
		2									•
	\mathbf{a}	*									
5 Did	you hear or see a	alternatives, su	ch es verb	al comm	ands, attempte	d before force	was used?	☑ YE	S NO	Н	YES, describe:
		2.8	N				- Y				
Severa	al verbal-comm	manne wae i									
	17 27 3	A.7	giveri								JNL
Į	Kiri Carrier	Marine Comment Service Service	given						0		JNL
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6 Des	cribe the Inciden	3 8 .		sed (incl	បជីកិច្ច Bre actio	ns of any staff	Involved in o	r pr ė seri	t during the in	nicide	nt, including
On Su	icribe the incident reself):	t and the specificance of	Rc force ús		assi	aned to Si	RT Respo	nse Te	eam GRV	C o	in the
On Su 1431x	icribe the Incident reelf): Inday Febrat 2231 tout, A	t and the specificant Approx 1	3 357 MO	i Senu	assi	gned to Si	RT Respo	nse To	eam GRV	C o	in the
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On Su 1431x Upon cells, v comm at this SRT S	cribe the Incident reeff): Inday Febrar 2231 tour, A arriving into which they dands was gitime an unk Staff with a c so the other	t and the specific try 26,2023 at Approx 1: 17B several don't compliven by Captanown inmalosed fist winmates the	3 I FOR THE STATE OF THE STATE	urs SF al com was o his fa RT Sta on the	assice as	gned to Si ponded to giving to ant and be to their comped off to e incident d not come	RT Responsor an assau several ur egin coverells unknowned the stairs in this write edown. The	nse To ilt on s nknow ing up wn inr n aggi was p nis wri	eam GRV staff in how in inmates their fac- mates still ressive mater providing ster with S	C ousings to didicate and didic	on the og area 17B. go to their Several o't complay, er on top of urity by the
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To the extent applicable, identify the name(s) of any Staff Member	who authorized and/	or supervised the incld	ent:
			·	
Captain #	. <u> </u>		· · · · · · · · · · · · · · · · · · ·	
				
Identify the part(s) of the inmate's body/bod	ies to which force was	applied and a descri	ption of any visible or a	pparent injuries sustained by
B inmate:	• • •			
n/a			*	
		· · · · · · · · · · · · · · · · · · ·		
9 Ware you responsible for escorting the inmate(s) to the clinic?	YES NO	If YES, identify the medical care and t	approximate time the li he name of the medical	nmate was transported to reca provider, if known to you:
initiants) to the current				
n/a	2			
Submitted by: (Print LAST NAME, FIRST NAME, RANK and	#4.071 P. 45			
MOLHHOOD DAY TENNE DIGG MARKET LAKEN MARKET LAKEN MARK	SMELD#)			

								
	CITY OF NEW YOR	RK - CORE	RECTION	DEPART	MENT		FORM #5906-A-1	Eff. : 9/27/2017
W	USE OF	FORC	E WITH	IESS R	EPOR'	T		PART A-1
INSTRUCTIO	NS: PRINT ALL INFORMATIO	N .					OR WERE YOU A	WITNESS/PRESENT
or present at ti additional spa	ed by any member witnessing a use of he scene of a use of force. Use attachr ce is needed and indicate Part and info ach attached page.	nents if		USED FORC	ÄF1 □ V	HE BC		HE SCENE
Facility: GIVC	2/26/23 2/26		oldent Time: 357	Facility Incid	ent#	COD	Use of Force #:	COD Unusual # if any:
17B	erë Incident Occurred:	SRT	gned at Time o	of Incident:		Tour: 060	0x1431	
1 Did any	other inmates witness the Incident	17 YE	S 🖸 NO	f YES, list #:			,	
╚	Last Name			First Name			Book and Case o	Santanca Number
1 2	**			···	71112	+		· · · · · · · · · · · · · · · · · · ·
'_3		<u>'</u>		····				
	see force used against an inmate(s)?	s No	If YES, state r	name(s) of lon	nate(s)	against whom for	ce was used:
	Last Name			First Name		1	· · · · · · · · · · · · · · · · · · ·	r Sentence Number
1 🗀						\top		
2								
3	hempsmith							
3 State the	name(s) of any other uniform or r	con-uniform si	aff involved in	or present a	the time of t	he inci		
[,	Last Name		First Name		Rank/Title	,	Shield/10 Number	
1 1 -					CO			Used Force Was a Witness / Present Used Force
] 3 -					ÇO			Was a Witness / Present Used Force
	re present before the incident beg			<u></u> _			[[[[]]	Was a Witness / Present
this writer i	near or see afternatives, such as veneral multiple orders to sto	op resisting	and get or	the groun	d to which		refused.	If YES, describe:
take it to the said inmate time this vacurity in refusing a inmate used again writer along	val to the area this writer cking in we going out we heirs cells and lock in to be tier to the bottom and te and was taken to the gwriter with SRT began to spection. Inmate lil direct orders to get on began to assualt SRT on said inmate taking it is with srt continued to specify more incident terminate.	which the began to ground. Sa move forward staff br g ts desire e ecured the	on them. y refused. kick and paid inmate vard in the and ded . chen rabbing an iffects. said housing	multiple of At this time punch SRT was secute housing mical agen and punching d inmaye	orders were ne inmate of staff. Charles with a rea secunits were ung the officers was secunits was secunits was secunits were ung the officers.	e divined in the control of the cont	ven and to the cal agents was anical restra doors and commerce on the consaid inmated, chemical and taken out	jump is deployed on ints. At this enducting top teir le. At this time agents were
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				a
7 To the extent applicable, identify the name(s)	of any Staff Member	who authorized ar	nd/or supervised the Inck	derat.;
				<u> </u>
Capt Capt			<u> </u>	
· · · · · · · · · · · · · · · · · · ·				
8 Identify the part(s) of the inmate's body/bodie	es to which force was	applied and a des	cription of any visible or	apparent injuries sustained by th
8 inmate:				
facial area			:	
				<u> </u>
		KVEC identific	the energyimate time the	Inmate was transported to receiv
9 Were you responsible for escorting the inmate(s) to the clinic?	YES VO	medical care an	nd the name of the medic	inmate was transported to receiv al provider, if known to you:
				<u> </u>
	 -	<u> </u>		
		<u></u>	·	
Submitted by: (Print LAST NAME, FIRST NAME, RANK and S	:RIELD #)			
CO #				

		cif	Y OF NEW	YORK	Co	RR	ECTION	DEPARTI	WENT	23	FORM #5006-A-	3 9)	Eff. : 9/27/2017
-		Marchiston	USE	OF	FOR	₹C	E WITN	NESS R	EPOR	T_			PART A-1
To or j	be cor presentitions	npleted by any me It at the scene of a	RINT ALL INFORT Inber witnessing a use of force. Use and indicate Part a	use of for attachmen	nts If	mt	DID YOU U	USED FORC	ATT V 🔀 3	HE S	E OR WERE YOU CENE? SS/PRESENT AT PART A, NOT this to	THE	
Fac	allity:	Ou escu suscilar	Report Date; 02/26/23	Inciden 02/26			ident Time: 357	Facility Incide			Use of Force #:		COD Unusual # if any:
_	ation	Where Incident			` 		ned at Time o	of Incident:		Toui 060	r:)0x1400		
1	_	any other inmate	es witness the in	rcident?		YES	S 🔀 NO	If YES, list #:		-			
Ľ	J		Last Name					First Name			Book and Case	or S	Sentence Number
	1		Unknown		-							 -	
	2									+		—	
2		you see force us	ed against an in	ımate(s) î	?	YE	S NO	If YES, state n	ame(s) of in	mate(s	s) against whom f	force	e was used:
Ľ	l	18 184	Last Name		$\overline{}$			First Name		Τ	Book and Case	or S	Sentence Number
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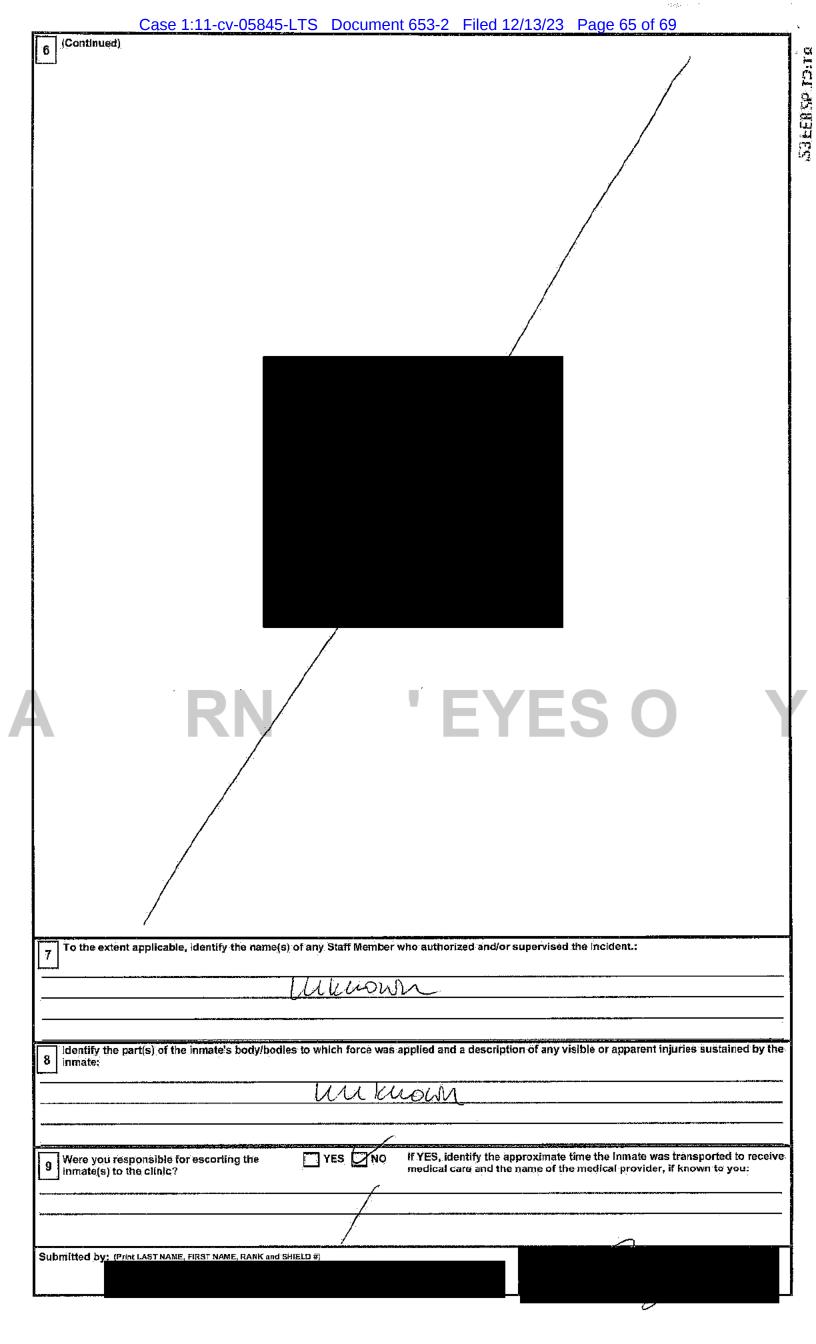
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9 Were you responsible for escorting the inmate(s) to the clinic?	YES NO If YES, identi	ify the approximate time the inmate was and the name of the medical provider,	if known to you:
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	CITY OF NEW YO	-	***************************************		FORM #5006-A-1	Eff. : 9/27/2017
	USE (OF FORC	E WITNE	SS REPOR	77	PART A-1
or present at the scor	PRINT ALL INFORMA' my member witnessing a use of a use of force. Use atta seded and indicate Part and I ached page.	of force incident chments if		SED FORCE	I INMATÉ OR WERE YOU A TTHE SCENE? WITNESS/PRESENT AT 1 COMPLÉTE PART A, NOT this rep	THE SCENE
acility:GRU	Resport thate: In 2 26 23 2	cident Date: Inc	Ident Time: Fa	cility incident #:	COD Use of Force #:	COD Unusual # If any:
ocation Where Inc	ident Occurred:	Post Assig	ned at Time of I	cident:	Tour: 13007	CU31
1 Did any other i	nmates witness the Incid	ent? YES	S NO ITY	ES, list #:		
1	Last Name		Fig	t Name	Book and Case of	or Sentence Number
3	and the second s					
2 Did you see fo	rce used against an inma	to(s)? YE			inmate(s) against whom fo	
1	Last Name		Fin	st Name	Book and Case of	or Sentence Number
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3 State the name	a(a) of any other uniform	or con-uniform sta		····	Suelano	
1	Last Name		First Name	Rank/I	Number i	Used Farce
2						Was a Witness / Present Used Force Was a Witness / Present
3	_		 			Used Force Was a Witness / Present
5 Did you hear	pr seo alternatives, such	as verbal comman	ds, attempted b	efore force was used	7 YES NO	If YES, describe:
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6 Describe the yourself):	Incident and the specific N SUNDAY 1420 FK	FOBCU TOBOTO TOB	Sing the actions ACU FOR	of any staff involved 26, 202 FICTOR DOX212 ACTIVATI	in or present during the in	PROXIMA PROXIMA
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To the extent applicable identify the name of	of any Staff Member who authorized and/or supervised the incident:
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